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FINDINGS AND RECOMMENDATIONS

of the

FLORIDA CITIZENS ADVISORY

COMMITTEE ON THE AGED

Florida! Soberness! Florida!

Prepared for the White House

Conference on

Aging

Citizens Advisory Committee on the Aged

Secretariat

Florida Development Commission

Tallahassee, Florida

August 1960

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The Citizens Advisory Committee on the Aged, a nine-member standing committee appointed by the Governor, was created by the 1959 Florida Legislature "to inquire into, examine, and advise the Governor on the needs and problems of the aged."

In appointing this Committee on November 24, 1959, Governor LeRoy Collins added to its general duties the responsibility "to establish basic policies and plans for Florida's participation in the 1961 White House Conference on Aging."

The initial meeting of the Advisory Committee was held in Miami on December 1, 1959, in conjunction with the hearings of the U. S. Senate Sub-Committee on Problems of the Aged and Aging, which served as a regional conference on problems of the aged in the Miami area.

At its second meeting, held in St. Petersburg on January 5, 1960, the Advisory Committee organized its work under six sections, namely: Health, Employment, Education, Housing, Income Maintenance, and Human Relationships. A member of the Advisory Committee was designated as chairman of a subcommittee to develop findings and preliminary recommendations in each of the six areas. Subsequently, the subcommittee chairmen appointed persons from throughout the state to serve as members of their respective subcommittees.

On January 18 and 19, representatives of the Advisory Committee participated in a forum on problems of the aging sponsored by the American Association of Retired Persons and the National Retired Teachers Association in St. Petersburg, which served as a regional meeting for that area of the state.

On March 15, 16, and 17, the Advisory Committee met in Miami Beach in conjunction with the National Health Forum on "Positive Health of Older People" under the auspices of the National Health Council. At this same occasion, the Advisory Committee met with the Trustees of the Florida Council on Aging.

Meantime, each of the subcommittees had set to work on its individual task. Some held meetings, one conducted its work by correspondence, and another divided its work among three subcommittees.

On May 5 and 6, all subcommittees held meetings at Winter Park and on the afternoon of the 6th, subcommittee chairmen presented interim reports to the Advisory Committee. Also at this time, the Advisory Committee heard testimony from a representative of the Florida Medical Association and of a large insurance company on the subject of financing medical care for the aged.

On the following day, a regional conference was held to which persons in this part of the state had been invited. Round tables were held at which the subcommittee chairmen reviewed the problems and proposed recommendations in their respective areas.

The state-wide conference was held in Tallahassee June 20 and 21. To this were invited all subcommittee members, all members of the Florida Council on Aging, and all persons who had attended the previous Governor's Conference held in Tallahassee in October, 1958. A total of 294 invitations were issued.

The only formal presentation was an opening address by Governor Collins. Following this, the conference broke up into six sections, each presided over by a subcommittee chairman. Two sessions were held the first day, and on the following morning the subcommittees began to draft their recommendations. In a final plenary session, each subcommittee chairman presented an informal report of the tentative conclusions and recommendations of his group.

Subsequently, the recommendations of the subcommittees were formulated by the subcommittee chairmen. These were then assembled under the appropriate headings as

prescribed by the Washington office and transmitted to the Advisory Committee for review prior to the meeting of the Committee in St. Petersburg July 15 and 16. At this meeting, the Advisory Committee spent two days reviewing, revising, and adding to the proposed recommendations of the subcommittees. The recommendations were then assembled in a single document and sent to members of the Advisory Committee for final action.

Thus, the recommendations which follow are those of the Advisory Committee on the Aged. All recommendations were unanimously approved except two for which the negative vote of one member is recorded in the text.

Background and Supporting Data

Each major group of recommendations is preceded by a "Summary of Findings" drawn from a number of reports and documents. The principal general sources have been the following recent reports bearing on problems of aging in Florida:

Looking at Aging in Florida, a fact book assembled for the Citizens Advisory Committee on the Aged by Dr. Carter C. Osterbind, Research Professor, Bureau of Economic and Business Research, University of Florida. 177 pps. June 1960.

Opinion Poll, conducted by the Secretariat of the Citizens Advisory Committee on the Aged. 97 pps. May 1960.

Set the Stage for Age, report of the Governor's Conference on Aging. October 1958. 110 pps.

Report of the Citizens Medical Committee on Health. January 1959. 66 pps.

Florida's Welfare Services. Florida Legislative Council and Legislative Reference Bureau. April 1959. 168 pps.

Hospitalization. Study of Hospital Care Cases. October 1956 - June 1957. State Department of Public Welfare. 78 pps.

Characteristics of Old-Age Assistance Recipients - June 1958. State Department of Public Welfare. October 1958. 31 pps.

Specific background material was drawn from reports of the following subcommittees: Employment; Housing, including separate reports on Nursing Homes and Retirement Hotels; Income Maintenance; Education, including separate reports on Library Services and Recreation; and Human Relationships, including separate reports on Social Services for older persons, Day Care Centers, and Religion. Also used were memoranda prepared for the Advisory Committee by the Secretary on the following topics: Recent Amendments to Canada's Old-Age Security Act; Living Arrangements of Old-Age Assistance Recipients in Florida; Medical Care to Recipients of Old-Age Assistance in the Nation and in Florida.

The Federal report requirement which limited background material to a single page on a major topic has made it impossible to do justice to this background material. In fact, in most instances, this limitation has made it impossible to present adequately all of the background material on major topics that was taken into account by the Advisory Committee in arriving at its recommendations.

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I. Economics and Employment

A. Population Trends and Social and Economic Implications

SUMMARY OF FINDINGS

Florida in the past decade has experienced a "population explosion" both in the increase in total population and growth in the numbers of older persons in the state. Unfortunately, data from the 1960 census are not available at this time; but it is possible to obtain a rather accurate assessment of the age structure of the population from various estimates of the U. S. Census Bureau and other governmental agencies.

Florida's total population increased from 2,771,000 in April 1950 to 4,761,000 in July 1, 1959. This represented an increase of 71.8%. Only one small state, Nevada, had a higher percentage increase (74.9%) and California was the nearest large state with an increase of 38.3%.

It is significant that 51 million people in the United States are 45 or older and 15.3 million, or approximately one-twelfth of the population, are 65 or older. The latest estimates for Florida show that more than one-fourth of its population is 45 or older and one-tenth 65 or older.

From 1900 to 1958 while the population of the United States was increasing 129%, the population of Florida increased 737%. Furthermore, while the nation's population aged 65 and older was increasing 389%, Florida's increase in this age group was 3,159%.

Florida's older population increased from 13,941 in 1900 to an estimated 453,000 in 1958. Whereas in 1900 this age group represented 2.6% of Florida's population, in 1958 it accounted for 10.2%. An increase in the proportion of people in the age ranges of 45 to 64 years also has occurred in each successive decade during the past sixty years. The continued aging of Florida's population is in part attributable to the nation-wide trend, but its more pronounced increase is the result of the migration of older people into Florida.

In 1958, Florida led all states in the nation in the net in-migration of aged beneficiaries under OASDI with 9,776 more individual beneficiaries entering the state than left. California, with a net in-migration of 4,152, was the only state even to approach Florida. In fact, the net in-migration to Florida was greater than that of all other states combined.

The variation among the counties in the proportion of persons 65 and over is great. Current population estimates on age groups appear unreliable because of the lack of accurate data on in-migration. The 1950 census figures are sufficient to show the variation. With a state-wide percentage of 8.6% persons 65 years of age and over at that time, the range was from 4.1% in Okaloosa County to 21.6% in Osceola County. There were 19 counties with 7% or less of the population 65 and over, and 15 with 10.2% or more over 65. Thus, the relative needs of community services for the aged differ greatly from one locality to another within the state.

I. Economics and Employment

A. Population Trends and Social and Economic Implications

RECOMMENDATIONS

1. The Federal Bureau of Census should give priority to tabulating data from the 1960 census on the older adult population by state and by county in order that the states and the localities may put to use at the earliest time possible this information which is essential for sound planning of services and facilities for older citizens.
2. The State of Florida through the appropriate state agencies and in cooperation with the Florida Council on Aging should set up in advance the mechanism required to analyze the 1960 census reports on its older citizens as soon as they are available in order to facilitate state and local planning related thereto.
3. Local community planning councils should establish committees in advance prepared to apply immediately the 1960 census data to the planning of local services and facilities for older citizens.

I. Economics and Employment (continued)

B. Income Maintenance: (1) Old-Age Assistance

SUMMARY OF FINDINGS

Under the Old-Age Assistance program in Florida, the total payments for the fiscal year ended June 30, 1959, amounted to \$43,984,000. The Federal government bore 64.7% of these costs and the state the remainder. There were 70,000 persons receiving Old-Age Assistance in June, 1959.

In February, 1960, the average monthly Old-Age Assistance payment in Florida was \$56.24 against a national average of \$66.98. When vendor payments for medical care are excluded, the average monthly money payment in Florida was \$50.31 against a national average of \$57.59.

The State Department of Public Welfare reports: "our assistance standards which include money items for meeting basic minimum needs of our recipients, provide \$103.55 a month for one individual. Needless to say, the state maximum grant of \$66.00 a month is not sufficient to meet the needs of those persons who have no other income. Our standards also include items for special diets, nursing home care, boarding home care, and housekeeper service.x x x For those recipients who have needs beyond that which can be met out of a combination of public assistance and personal income, there is a median average of unmet need of \$10.00 per case,x x x

"At present we are aware there is a need for revision of our standards to include a larger amount for heating fuel and for cost of food when it must be purchased in restaurants. We also recognize that the amount included in our budget for incidental items is not sufficient to cover the cost of transportation, payment of insurance premiums, medicine chest supplies, laundry, recreation, etc., all of which are grouped under this item. We make no provision for telephone service." (For discussion of vendor payments for medical care, see I.B.(3).)

Under present arrangements, an applicant for Old-Age Assistance may not be granted aid until his eligibility has been fully determined. This may mean a delay of three or four months in checking some technicality of eligibility even though the person is in need. Meantime, his only recourse is to apply to the county. In 1958-59, Dade County alone spent \$118,000 to provide subsistence to needy persons pending the processing of their application for state public assistance.

States have found that laws which give welfare authorities discretionary authority to recover the assets of deceased recipients, when they are not needed by surviving relatives, have resulted in decreases in the Old-Age Assistance case load of from seven to ten per cent. The resulting savings have made more funds available for needy old people.

I. Economics and Employment (continued)

B. Income Maintenance: (1) Old-Age Assistance

RECOMMENDATIONS

1. The State Legislature should appropriate funds to provide flexible benefits which would meet the costs of care, including personal incidentals, in a licensed nursing home for needy older persons requiring such care.
2. Federal matching funds should be increased to help meet the increased costs of medical care for those in need of such care.
3. The State Public Welfare law should be amended to provide an equitable lien and recovery measure which would assist in part in financing the additional needs of the aged.
4. Old-Age Assistance applicants in Florida should be entitled to benefits beginning with the month they file application and meet all other eligibility requirements.
5. Assistance grants should be paid on the basis of the budget deficit related to standards of assistance established by the State Board of Public Welfare, and such budget standards should be revised at least every two years.
6. A nominal amount of earned income as determined by the State Board of Public Welfare should be disregarded when computing the budgets of Old-Age Assistance recipients in order to encourage them to earn what they can.

I. Economics and Employment (continued)

B. Income Maintenance: (2) Old-Age, Survivors, and Disability Insurance

SUMMARY OF FINDINGS

The relative dollar importance of various income maintenance programs in Florida including Old-Age Assistance and specified social insurance programs may be seen by the aggregate payments under these various programs in June, 1958. They were as follows: Old-Age Assistance, \$3,737,000; OASDI (Old-Age beneficiaries only), \$16,583,000; Federal Civil Service, \$1,876,000; Railroad retirement, \$1,952,000; State and local retirement, \$517,000; and Veterans, \$2,896,000. Together these amounted to \$27,461,000 per month.

Of these programs, OASDI is growing most rapidly in its social and economic effect in Florida. The total number of older beneficiaries in Florida was 223,789 in December, 1956; 278,994 in December, 1957; 327,113 in February, 1959; 362,714 in December, 1959. In 1959, there were 649 aged beneficiaries under OASDI in Florida per 1,000 of the population 65 and over as compared with the national figure of 609. Contributing substantially to this number is the large net in-migration of OASDI recipients. (See I.A. Population Trends.)

The average monthly OASDI benefit payment in Florida in 1959 was \$73.63, compared to a national average of \$71.62. It should not be assumed that all payments were near the average, however. Twenty per cent of the Florida beneficiaries received from \$26.40 to \$44.90; 31% received from \$45.00 to \$74.90; 27% from \$75.00 to \$104.90; and 22% received from \$105.00 to \$116.00. Thus, at least 20% of the older beneficiaries received a monthly grant which is less than the monthly money payment of \$50.31 in Old-Age Assistance.

Furthermore, there is a wide variation among the counties in the average monthly old-age benefit received. The range in December, 1959, is reflected in the average old-age benefit of \$53.46 in Holmes County as compared with \$83.63 in Broward.

That the OASDI benefit does not provide basic maintenance for many beneficiaries is shown by the fact that in June, 1959, 22,000 of the 306,000 aged beneficiaries in Florida received supplemental help from Old-Age Assistance. This warrants a re-examination of the basic benefits in OASDI as well as the law that restricts earnings of retired beneficiaries to \$1200 in a calendar year.

Provisions which brought small-farm operators under the Social Security system have been advantageous, particularly to the northern part of the state. The Internal Revenue forms on which these persons must report their income and expenses are too complicated for many who do not and cannot keep elaborate books. This discourages participation on their part.

I. Economics and Employment (continued)

B. Income Maintenance: (2) Old-Age, Survivors, and Disability Insurance

RECOMMENDATIONS

1. Persons receiving retirement benefits under Old-Age, Survivors, and Disability Insurance should be permitted to earn \$2400 a year without suffering loss of benefits, or the present ceiling should be raised above \$1200 a year and made flexible varying with the cost of living index. (See also under I.D.)
2. The minimum retirement benefits under Old-Age, Survivors, and Disability Insurance should be increased and the amount of income subject to taxation should be increased to help finance the additional costs.
3. A simpler method should be devised for small farm operators to report their Social Security Tax.

I. Economics and Employment

3. Income Maintenance: (3) Financing Medical Care

SUMMARY OF FINDINGS

The Federal Social Security Act was amended in 1950 to provide Federal reimbursement to the states for the Federal share of "vendor" payments for medical care in Old-Age Assistance. The 1956 and 1958 amendments made available to the states substantial additional Federal funds for vendor payments for medical and remedial care over and above cash payments for basic maintenance. Despite this encouragement, only 19 of the states have established medical care programs of any magnitude and 11 states have done nothing or next to nothing.

The Florida State Department of Public Welfare includes in its standards for determining the cash grant of assistance items for special diets, nursing home care, boarding home care, and housekeeper service. Because the grant may not exceed \$66 per month, however, these services cannot be purchased by the recipient of Old-Age Assistance unless he has other income or unless a county welfare department pays the difference from county funds with no state or Federal aid.

The recipient of Old-Age Assistance is also entitled, through vendor payments over and above the cash grant, to prescribed medicines and to hospitalization for acute illness limited to thirty days in any one year. This amounts to only \$6.14 per case per month. Florida ranks 30th among the states in vendor payments for medical care. Twelve states spend three times as much and more per recipient (\$19 to \$42 per month).

The lack of response by the states including Florida to the stimulus of substantial Federal support for medical care for the most needy aged raises grave doubts about the effectiveness of current proposals to extend medical care to marginal needy old people through state-Federal action.

An ever-increasing number of retired persons are moving to Florida, many in marginal circumstances. Social Security beneficiaries are free to move about and in 1958 Florida had a net in-migration of 9,776 older OASI beneficiaries which was greater than that of all other states combined. A 1954 study revealed that 18 states continue Old-Age Assistance to a person leaving the state until he becomes eligible in another state and some persons come to Florida under these arrangements. In June, 1960, Canada amended its Old-Age Security Law to permit persons receiving old-age pensions who had lived in Canada for 25 years of their adult life to receive the pension should they leave the country which will bring more retirees to Florida.

It should not be assumed that these groups of retired persons are likely to become dependent for basic living costs. Florida's problem is that many of the new residents are not protected against the costs of catastrophic and chronic illness nor are their new housing arrangements suited to a longtime illness.

I. Economics and Employment (continued)

B. Income Maintenance: (3) Financing of Medical Care

RECOMMENDATIONS

- * 1. The Federal Old-Age, Survivors, and Disability Insurance program should be extended to include health service benefits for retired beneficiaries.
- * 2. Health Service Benefit funds should be established within the Social Security system to provide medical benefits for all retired persons. In whatever medical benefits are made available, emphasis should be placed upon preventive medicine and home care.
- 3. The state through every practicable channel should encourage the development and promote the use of voluntary health insurance which will extend benefits to the aged and cover long-term illnesses. (See II.A. Health Care.)
- * Dr. George W. Karel as was recorded as opposed to this recommendation.

I. Economics and Employment (continued)

C. Impact of Inflation on Retired Citizens

No Recommendations

I. Economics and Employment

D. Employment Security and Retirement

SUMMARY OF FINDINGS

At the end of May, 1960, 32.2% of job applicants in the active files of the Florida State Employment Offices were 45 years of age and over. Only 19.7% of these older applicants could be placed in gainful employment.

Although many of these older applicants unquestionably needed additional training or retraining to qualify for existing employment opportunities in Florida, studies clearly indicate that many employers in Florida, as elsewhere, impose unwarranted age restrictions upon the 45-and-over age group. A random sample survey of Florida employers by the Subcommittee on Employment showed that only 50% will hire persons 55 years of age or older.

If men are living longer, as they certainly are, they need to work longer to support themselves. The alternative of being supported in idleness by others is equally bad for the economy and for the individuals.

Controlled studies in Florida and elsewhere have shown full-time "older worker specialists" in State Employment Offices can multiply the placement of older workers from 2 to 4 times through group and individual counselling, job development and concentrated efforts. Yet only two of the 34 State Employment Offices in Florida have full-time "older worker specialists."

It is also apparent that the Florida State Employment Service has not been able to keep pace with Florida's industrial growth. From 1950 to 1960, total employment in Florida increased 82%. Yet during this ten-year period, the staff financed for employment service functions increased only 29%.

A recent random sample survey of 2,320 employers in Florida made by the subcommittee on Employment showed that only 4.6% offer private-pension plans to employees. Obviously, small business firms in Florida need to explore the tax advantages of establishing private-pension and profit-sharing plans.

While no survey has been made of the hiring practices of Florida's cities, counties, and state agencies, there is evidence that they are unnecessarily restrictive with regard to employing older workers. In fact, one of the positive suggestions made by employers in response to a subcommittee survey was that governmental agencies should set an example to industry by revising their own employment patterns. The State Merit System has established an advisory committee to consider the problem of the older worker in the state agencies under its jurisdiction.

I. Economics and Employment (continued)

D. Employment Security and Retirement

RECOMMENDATIONS

1. Each community should organize its own committee to promote a program to acquaint employers, workers, and community leaders with the economic and social advantages of fully utilizing the talents and skills of older workers.
2. Private and public employers are urged to adopt flexible retirement plans as opposed to a compulsory retirement age.
3. A program should be developed to encourage employers and employees to adopt a concept of decreasing responsibilities and earnings in cases of decreasing productivity in place of compulsory retirement or dismissal.
4. The U. S. Senate Subcommittee on Problems of the Aged and Aging recommended that the states consider at their next sessions legislation to outlaw discrimination against age in hiring. Such legislation is opposed for the State of Florida for the following reasons: (1) it would be difficult to administer effectively, and (2) it might tend to deter new industry from moving into the state. Furthermore, such legislation might stress the factor of age rather than the factor of skills. Such legislation, if passed, should deal with the problem on a national basis.
5. One of the promising solutions to the older worker employment problem is the expansion of the older worker program of the Florida State Employment Service, and the addition of older worker specialists in other offices in the state to place emphasis on the counseling, screening, and placement of older workers; to promote full-time and part-time jobs for workers over age 45; to coordinate with industry and vocational schools or other training agencies in providing training for these workers; and to work with all community groups concerned with men and women over 45 years of age. To permit this expansion (1) Congress should provide sufficient grant-in-aid funds for services to older workers, (2) the U. S. Department of Labor should recognize the industrial and population growth of Florida and allocate sufficient funds to the Florida State Employment Service for these activities, and (3) the Florida State Legislature should remove current personnel ceilings and other restrictions which limit the use of 100% grant-in-aid funds which Congress has already appropriated.
6. Existing opportunities for vocational training and re-training for older adults should be expanded and encouraged in areas where they do not presently exist to prepare men and women for employment needs of the community in which they live. (See also under V. Education.)
7. Small businesses should be encouraged to provide pension or deferred profit-sharing plans. The Florida State Chamber of Commerce, Associated Industries, the Florida Bankers' Association, the Florida Industrial Commission, and the Florida Development Commission should be requested to assist in exploring ways and means to effectuate this recommendation.
8. Companies with private-pension plans should study the possibility of utilizing the vesting and transferability of pension rights in such a way that they do not discriminate against the hiring of middle-aged or older workers. Studies of this matter made by the U. S. Department of Labor should be given widest possible distribution.



9. Federal, state, and local governments should reassess their practices of hiring older workers and their retirement practices and set an example to private business and industry.
10. Persons receiving retirement benefits under Old-Age, Survivors, and Disability Insurance should be permitted to earn \$2400 a year without suffering loss of benefits, or the present ceiling should be raised above \$1200 a year and made flexible varying with the cost of living. (See also under IB(1))
(For recommendations on Vocational Rehabilitation see II B)

II. Health Care and Rehabilitation

A. Health and Medical Care (including institutional care)

SUMMARY OF FINDINGS

(The following statement furnished to the Citizens Advisory Committee on the Aged by Dr. A. V. Hardy, Assistant State Health Officer, Florida State Board of Health, gives a brief summary of health service needs of the aged in Florida.)

1. Hospitalization: (a) Funds currently available for the hospitalization of the indigent and of the categorically indigent with acute illnesses or with an exacerbation of chronic illness are less than adequate to meet the needs of program; (b) There is no state program for the hospitalization of the medically indigent or the categorically indigent with chronic illness; (c) Facilities to provide intermediate hospital care at reduced cost are virtually unavailable in the state; (d) The services of medical social workers are rarely available to aid in the planning for extended and continuing care programs.

2. Outpatient Services: (a) These services are available only in major urban centers; (b) When available these are often inaccessible to the aged due to the lack of transportation to clinics; (c) Outpatient services for psychiatric patients are rarely provided.

3. Physicians Services: It is the policy of the Florida Medical Association and the practice of many physicians to give their services without charge for the care of the indigent. However, it is generally believed that many aged with reduced incomes are reluctant to seek medical aid because they are not able to pay customary charges. There is no organized program to assure continuing care for indigent patients with chronic disease or infirmities of age, and this cannot be provided satisfactorily on a charity basis.

4. Nursing Homes: (a) Funds for the support of indigents in nursing homes commonly provide for only a less than adequate level of care; (b) The demand exceeds the supply of minimum cost nursing homes to provide minimum (less than adequate) services; (c) There is a gross lack of nursing homes for Negroes; (d) The amount of medical services available to indigent patients in nursing homes is less than desirable.

5. Rehabilitation: Rehabilitation service, even that required to restore the capacity for self care, is rarely available in hospitals and virtually unavailable in nursing homes and in private homes.

6. Drugs: There is no organized program to assure that drugs are available to the medically indigent other than the recipients of public assistance and those seen in outpatient clinics.

7. Dental services: These services currently are provided almost entirely to those who can pay the cost of dental care and who are able to seek this in the office of the private dentists. There is no organized program to assure that dental care will be available to the indigent aged and this service is particularly inaccessible to the aged in nursing homes.

8. Community Health Services: (a) Home nursing programs currently are available only in a few counties and these services are almost totally unavailable in the rural areas of the state; (b) Organized case finding programs for diabetes, glaucoma and cancer have been initiated on a demonstration or pilot basis. There is no adequate state-wide program; (c) There are no "health maintenance clinics" for the aged to aid in the promotion of positive health, and this type of counseling is not often available in the offices of private practitioners; (d) Health education directed towards health problems of the aged has scarcely been initiated; (e) Central referral and counseling services for the aged are not included among community health organizations in Florida; (f) Planning for the coordination of services for the aged by official and voluntary agencies receives insufficient attention.

9. Research: Health departments have not been adequately encouraged to undertake community-wide research on health problems of the aged, due to a lack of ready availability of funds to support needed studies.

II. Health Care and Rehabilitation

A. Health and Medical Care (including institutional care)

RECOMMENDATIONS

1. Services for elderly persons should include preventive medical services; home medical care; hospital care; outpatient services; mental health and psychiatry; nursing homes; dental care; rehabilitation services; nursing, home nursing, visiting nursing; ancillary services including occupational therapy, physical therapy, podiatry, optometry, speech and hearing, vocational rehabilitation, prosthetics and braces; drugs; and medical and psychiatric social workers.
2. The state through every practicable channel should encourage the development and promote the use of voluntary health insurance which will extend benefits to the aged and cover long-term illnesses. (See also under I.B. Income Maintenance.)
3. Encouragement should be given to the construction and operation of intermediate "limited service hospitals" in close proximity to major general hospitals to promote early transfer of patients from general hospitals and to provide efficient treatment of long-term illness.
4. Legislative authorization should be given to the State Welfare Board to implement a program to pay the cost of nursing home care for public assistance recipients, to be financed by state and Federal matching funds.
5. Encouragement should be given to the active participation of non-profit groups in developing and maintaining nursing home facilities.
6. Present outpatient clinics should be expanded and additional clinics organized to meet the medical needs of the indigent aged and the chronically ill, with such services coordinated with and fully utilized in expanding and strengthening the intern and resident medical training program.
7. Community nursing programs should be expanded and modified within the realm of existing health agencies so the services of visiting nurses will be widely available for the home care of the aged and the chronically ill.
8. Existing agencies should expand their programs to sponsor foster home care, homemaker, and friendly visitor services for the elderly.
9. Communities are urged to develop health councils which will analyze the degree to which comprehensive health needs of the aged are presently being met and to plan for the expansion of services in those areas where needs are found to exist.
10. The lack of dental health facilities and services for older persons, particularly those who are home-bound or in institutions, is so serious as to warrant immediate study by the appropriate official and professional bodies.
11. Professional personnel dealing with older persons should be made aware of the importance of foot problems to the physical well-being of the elderly and a broad program of training, education, and research in the field of podiatry should be developed in cooperation with the Florida Podiatry Association.

12. Provision should be made for increasing the number of health educators in voluntary, governmental, and professional health agencies to enable people to use more fully the available knowledge on preventive medicine for aging and to seek health attention before disabling conditions develop.
13. Local health departments should be strengthened and expanded particularly in the direction of providing preventive measures to promote the physical well-being of older persons.
14. All older persons should be encouraged to select early a family physician of their choice who will faithfully guide them in health matters through their final years with human dignity.
15. Training centers should be provided for administrators of nursing homes, and approval for licensure as a nursing home operator should be contingent upon qualifying through such a training center.

(In accordance with the Federal report instructions, Nursing Homes have been included under IV. Housing and a Summary of Findings and Recommendations with regard to Nursing Homes will be found under IV.)

II. Health Care and Rehabilitation (continued)

A. Health and Medical Care: Mental Health

SUMMARY OF FINDINGS

The State of Florida through the Division of Mental Health operates four state mental hospitals with a total population of approximately 9,200 patients. About 23 per cent of this patient population is over 65 years of age and the Division reports that "applications for the admission of elderly patients are increasing."

The Division of Mental Health believes that "the mildly disturbed or simple nursing problem could very well be provided on the county or community level" if nursing homes, foster homes, and boarding homes for senile or mildly disturbed patients were available. "If these cases were provided for on the community level, our facilities in our state hospitals would be adequate at this time to properly care for the more severely disturbed, elderly patient." There is no state-wide after-care program for patients leaving the state hospitals.

The State Board of Health estimates that approximately 45,000 persons in the state are seriously incapacitated with mental and emotional illness and over 200,000 need the services of a psychiatrist or psychiatric facility. "Florida shares with the rest of the nation the task of dealing with the grim problem of mental illness with inadequate professional resources. The lack of professional manpower to meet the mental health needs of the state is becoming more critical as Florida's population increases."

There are 16 full-time outpatient psychiatric and child-guidance clinics operating in the state. That these clinics are giving little service to older patients is indicated by the fact that of the total of 5,990 patients served by these clinics in 1959, only 145 or 2.4 per cent were between the ages of 45 and 64 and only 18 or .3 of one per cent were 65 years of age or over.

Currently there are 12 general hospitals with psychiatric inpatient units providing a total of 378 beds. The number of beds per hospital ranges from one to 150, the latter in a large teaching hospital. At least five other hospitals are considering the establishment of such units. Psychiatric care in community general hospitals is considered preferable for short-time treatment of emotional disturbances. Furthermore, such local care relieves the state of its responsibility for the care of the mentally ill, yet there are no state funds available to help pay for mentally-ill persons in community hospitals. This lack of state support as well as a shortage of professional personnel, have impeded the development of these desirable local facilities.

II. Health Care and Rehabilitation

A. Health and Medical Care: Mental Health

RECOMMENDATIONS

1. Because of the problems of older people living in a youthfully oriented society, programs aimed at maintenance of mental health should be especially designed and planned in view of the needs and characteristics of older people.
2. Many older people who are judged "senile" are committed unnecessarily to State Hospitals. Therefore, a careful evaluation of all such patients prior to commitment should be made by physician, psychiatrist, and psychiatric social worker to determine whether such person cannot be cared for adequately in local facilities where continuous contacts with friends and family are possible.
3. A state-wide after-care program should be developed for patients leaving the four state hospitals.
4. Foster-home and nursing-home programs for elderly, mildly disturbed persons should be developed.
5. The establishment and expansion of psychiatric units in local general hospitals should be encouraged and state funds provided to assist in paying for the cost of care of patients in such units.
6. Community mental health programs should be developed in areas where they do not exist and the present clinics should be encouraged to provide more services for older adults.
7. The Inter-State Compact for return of mentally-ill patients to their state of residence should be ratified by the State of Florida particularly since it offers specific advantages to the state in view of the in-migration of older persons.
8. The efforts of the Florida Council on Training and Research in Mental Health should be strengthened by the appropriation of additional funds both for the training of personnel and for the conduct of basic research.

II. Health Care and Rehabilitation (continued)

B. Rehabilitation - Medical and Social

SUMMARY OF FINDINGS

The State Director of Vocational Rehabilitation stated: "There is not adequate recognition in Florida of the extent to which older persons or, in fact, persons of any age can profit by rehabilitation procedures. There is, however, a growing awareness of the possibilities of the utilization of rehabilitation procedures. There is much variation in different sections of the state and in individual hospitals. There is great need for increased emphasis on rehabilitation in the treatment of patients. All general hospitals should have available rehabilitation specialists. Persons who have had fractures, strokes, coronary attacks, etc., should be routinely examined to determine their rehabilitation potential. Individual rehabilitation plans should be worked out for all such patients. Even where rehabilitation specialists are available, they are not always utilized in the evaluation and treatment of patients who could profit by their services."

Necessary restorative services, such as occupational and physical therapy, "are available in only a few of our hospitals and in rehabilitation centers. They are available in most large communities on a private-practice basis. Private agencies for the disabled utilize these services in some of their programs. They are not, however, utilized routinely as a part of the necessary treatment of most patients in Florida who might profit by such services. These therapies should be utilized pursuant to rehabilitation plans designed to meet the needs and potentials of individuals in carrying out the rehabilitation programs designed especially for the patients."

"The principal unmet needs are adequate diagnosis and evaluation by competent rehabilitation specialists in the early stages of disability and unemployment, adequate counseling in selection of vocational objectives and in rehabilitation procedures to achieve the objectives. Perhaps the most critical need is the opportunity for directed work experience in jobs or workshops in which the older person can demonstrate his interest and ability."

"Present referral procedures are good for those handicapped individuals who apply to public agencies for various benefits. The chief weakness is inability to get physicians and hospitals to refer clients early enough. There is, of course, resistance to bringing public agencies into the picture except as a last resort. Hospitals and physicians are in the first line of defense. Early referrals by them would be of great benefit to their patients."

Nursing homes particularly are without rehabilitation objectives or services. Patients are placed wholesale in nursing homes where there is little or no provision for those restorative services which, it has been demonstrated, can result in older persons being sufficiently rehabilitated to return home, or can result, at the minimum, in the patient's being restored to self-care within the protected setting.

II. Health Care and Rehabilitation

B. Rehabilitation - Medical and Social

RECOMMENDATIONS

1. There should be an early rehabilitation "evaluation" in any illness that may lead to deformity or physical disability. This should be directed by a physician with special training in this field who will plan for prevention and subsequent treatment.
2. Nurses and nursing home personnel should be trained in the basics of rehabilitation nursing.
3. Rehabilitation evaluation and services should be made available for patients with chronic illness and/or disabilities who are now in institutions.

II. Health Care and Rehabilitation (continued)

B. Rehabilitation - Vocational

SUMMARY OF FINDINGS

National estimates have indicated that more than 5,000,000 people in this country age 45 and over had been disabled for more than three months. The Office of Vocational Rehabilitation estimates that approximately 1,500,000 of these long-term disabled people would be feasible for vocational rehabilitation services; that is, they would need, could benefit from, and would want such services as medical diagnosis, counseling, physical restoration, training, occupational equipment, and placement in order to return to work. These one and one-half million people have a chronic disease or physical or mental impairment that constitutes a substantial handicap to employment. Their disabilities are long-term rather than temporary in nature; yet their conditions are not so serious or of such a nature that there is little chance to rehabilitate them for work.

An estimated 40,500 of these persons are residents of Florida. The Florida Division of Vocational Rehabilitation "rehabilitated," that is, restored and placed in employment, 2,760 handicapped men and women in 1957-58. The State of Georgia with a smaller population, but a larger state appropriation and consequently a larger grant-in-aid allotment from the Federal Government, "rehabilitated" 5,628 persons.

In the year 1957-1958, 32.6% of the persons "rehabilitated" in Florida under the Federal-state program were 45 to 64 years of age and 1.3% (32 individuals) were 65 and over. This is to be compared to a national average of 28.4% and 1.5% for the respective age groups. Of the persons "rehabilitated" in the same year by the Florida Council for the Blind, 52.9% were 45 to 64 years of age and 8.8% (23 individuals) were 65 and over.

In June, 1959, legislation was enacted in Florida to broaden the state vocational rehabilitation program to include rehabilitation services for self-care. The effect of this law is that services may be provided without the necessity of a specific vocational plan. If an individual can be restored to the extent that he can take care of himself and thus obviate the necessity of having an attendant or of living in an institution, rehabilitation services may be provided. Thus far, no state appropriations have been made to carry out the purposes of this new act. Federal legislation of a similar nature has been under consideration and it is expected that Federal funds may be available for this purpose in the near future. If such funds are available, it will be necessary to provide matching funds from state sources.

II. Health Care and Rehabilitation (continued)

Rehabilitation - Vocational

RECOMMENDATIONS

1. Older people with a potential for vocational rehabilitation should be referred promptly to the State Division of Vocational Rehabilitation and state funds, trained staff, evaluative and medical services, and training facilities should be increased to carry out a maximum program in this area.
2. Funds should be provided to implement the 1959 law providing for rehabilitation services for developing ability for self-care and for dissemination of information on the availability of such services.

III. Social Services and Family Life

A. Social Services

SUMMARY OF FINDINGS

Older persons coming to Florida to retire are usually settling in communities where they have few if any friends. Many are strangers who have come to spend the rest of their years in new surroundings. In most instances, there is no place for these new residents to turn to find out about available facilities and services.

In all except a few large communities, there are no activity centers where they may go for group activity, social life, and recreation. In most of the new retirement communities, there is a marked absence of social centers and other facilities.

Experience in other states has shown that the development of local information centers and community activity centers can be greatly accelerated by leadership from the state government. "Golden-age clubs" have been stimulated in localities in a number of states by state stimulation and financial aid for their operation. Florida provides neither state leadership nor financial assistance for the development of such activities.

The State Department of Public Welfare has reported the need for consultation service for older persons who need help in adjusting to the changes that come with the aging process. The Department reported, "Such services as we provide are related to eligibility for public assistance. There is no other state-wide agency which provides this service nor is it provided by any agency in the majority of counties in the state. It is provided to a limited extent by some of the Family Service Agencies located in urban counties. The reasons for this lack are several. First and foremost -- until very recently, there has been a lack of recognition of the need for these services. Currently, with the development of an awareness of the need, our own Department has neither numbers nor sufficiently trained staff to provide all of the services which are required."

There is only one formal homemaker service in Florida and that is conducted by a sectarian agency in Dade County. Friendly visiting is provided on a planned basis in only seven or eight counties. There is no organized foster-care program for adults in Florida.

The State Department of Public Welfare has sought funds for a demonstration of a foster-home program for adults and for a homemaker service, both to be limited to applicants or recipients of public assistance at the outset. The request has been turned down but will be renewed.

No organized protective services exist for older people in Florida. Increasingly, the elderly need help in handling their real estate, their pension and security benefits, and other personal property. These problems mount as persons age and have less ability to handle their own affairs. They become acute when mild emotional disturbance sets in.

III. Social Services and Family Life

A. Social Services

RECOMMENDATIONS

1. The Special Assistant to the Governor in cooperation with the Citizens Advisory Committee and the Interdepartmental Committee should provide a service to encourage the establishment of activity centers for older persons and supply materials and assistance to the programs for volunteers in these centers.
2. In each community there should be a central information and referral agency to inform older persons where various services are available. Such a service should be either on a voluntary or paid basis.
3. Funds should be made available to the State Department of Public Welfare to employ additional staff in order to provide increased counseling as well as other social services to all older people irrespective of financial need and residence requirements, when such need cannot be met through existing voluntary or governmental agencies.
4. The State Department of Public Welfare should be given support in its proposal to conduct demonstration projects in fields of Foster Home Care and Homemaker Service for older recipients of public assistance.
5. Local Communities should establish a Friendly Visitor Service which should basically be the responsibility of local voluntary agencies. Local communities should be helped by the state agencies to recognize the need for such a service and to establish such a program through the use of existing community resources.
6. The Special Assistant to the Governor with the help of the Interdepartmental Committee should explore with the State Bar Association and the Judicial Council the need for more adequate protective services for older people particularly as related to guardianship and competency.
7. Similar exploration should be made in local communities where there is a planning council and a Legal Aid Committee of the County Bar Association.

(Note: Numbers 1, 2, and 5 are repeated under X.A. Local Community Organization.)

III. Social Services and Family Life

B. Family Life, Family Relationships, and Friends

SUMMARY OF FINDINGS

Census data provide an index to the personal and family circumstances of Florida's older population. In 1900, there were 52.3% males in the over-65 population in Florida as compared with 47.7% females. This relationship was reversed in the 1950 enumeration which showed 48.8% males and 51.2% females over 65.

In Florida, older men are more likely to be living in a home with a wife present than are older women to be living in a home with a husband. In 1950, 72.1% of males 65-74 years of age were married with the wife in the home and 57.7% of the males 75 and over were in these same circumstances. In contrast, only 41.8% of the women age 65 to 74 and only 19.0%, 75 and over were married with the husband present in the home.

The living arrangements of 69,425 recipients of Old-Age Assistance were studied by the State Department of Public Welfare in June, 1958. Of the total group, 20,151 persons or 29.0% were living alone in their own homes. Of the total group, 1,943 or 2.8% were living in a non-relatives home; 1,200 or 1.7% in a hotel or rooming house; 449 or .7% in a boarding house; 2,696 or 3.9% in an institution or a nursing home.

Living alone also seems to be common among retired persons in better economic circumstances. An investigator reports that one in every five older persons lives alone in Pinellas County (St. Petersburg).

It has been observed that older persons in Florida are living apart from their children for two opposite reasons: (1) The parents have moved to Florida leaving their children in another state. (2) The children have moved to another state leaving their parents in Florida.

The only concrete evidence on the extent to which older persons are living apart from their children is to be found in the Old-Age Assistance group. In only 19,835 or 27.1% of the cases is the recipient living in a home in which his children are present.

The study of Old-Age Assistance recipients shows a marked difference between rural North Florida and urban South Florida. In a 9-county district in North Florida with a population of 136,100 there were 6,573 Old-Age Assistance cases as compared with 6,365 in Dade County with a total population 855,800. In the 9-county area, 50.5% were living in a home owned either by the recipient or his spouse; whereas, only 16.2% in Dade County lived in a home which the recipient or his spouse owned. In the 9-county area, only 18.5% were not in a home of their own (whether owned, rented, or otherwise); whereas, 49.5% in Dade County were in someone else's home, a hotel, nursing home, or other establishment.

III, Social Services and Family Life (continued)

B. Family Life, Family Relationships, and Friends

(See III A Social Services)

IV. Housing

SUMMARY OF FINDINGS

The housing needs and preferences of older people vary with their differing financial capacities and their changing physical conditions. Consequently, different types of living arrangements are required to meet varying needs. These types include sale housing, rental housing, low-rent public housing, homes for the aged, nursing homes, semi-institutional housing, and the use of existing housing including retirement hotels.

With respect to sale and rental housing, it should be so designed, located, and constructed as to enable older people to live independently in their own homes or apartments as long as possible. This concept of independent living presupposes that certain basic community facilities and services will be readily accessible. Among these are churches, shopping centers, medical and nursing services, hospitals, libraries, recreation, homemakers and housekeepers. Transportation facilities relate to accessibility.

In order to contribute to the growth of independent living, community resources should be mobilized to provide other ancillary services such as friendly-visiting services, casework and counselling, and a central information and referral service including housing advice. In this connection, valuable design and location criteria have been supplied by the Housing and Home Finance Agency in its brochure - "A Happy Home for the Later Years." The desirability of incorporating safety features in housing for the elderly has been further emphasized by the National Safety Council, and its studies are commended to builders of retirement homes.

Studies of the Miami Housing Authority reveal that the average monthly income for single applicants is \$84.35; and the average income of elderly couples is \$137.48. These income levels together with the huge backlog of applicants point up the acute need for more low-rent public housing. The Opinion Poll produced some interesting suggestions from Public housing administrators which deserve study. One administrator suggested that since Old-Age Assistance recipients often cannot afford to pay more than \$12 or \$13 monthly rent that two recipients, unrelated but of the same sex, be permitted to occupy the same unit or that the State Department of Public Welfare be allowed to pay the difference between one-fifth of the Old-Age Assistance recipient's income and the minimum rent established by the Housing Authority in the particular locality. Another administrator suggested the net asset limitation of \$5,000 be raised to enable persons - one step above the lowest income group and one step below the middle income group - to qualify for public housing.

Retirement communities, particularly those located some distance from population centers and in unorganized areas of counties, present special problems related to a lack of governmental services, voluntary agencies, and other community institutions and facilities.

(Space limitations make it impossible to present subcommittee background material on public housing financing which was the basis for some of the recommendations that follow.)

RECOMMENDATIONS

1. Legislation should be enacted permitting municipalities, counties, local housing authorities, development commissions, or any body politic created by such local governmental authority, to act as a non-profit sponsor under any program of the Housing and Home Finance Agency and/or any of its agencies; with the specific power to execute mortgages and notes and other forms of evidence of indebtedness and further to grant to such organizations, full exemption from ad valorem taxes.
2. Section 232 of the Federal Housing Act, as amended, should be amended to allow for mortgages in amount of ninety (90) per cent of value and that the term be extended from twenty to forty years. Further, the Legislature should consider appropriate laws whereby when proprietary nursing homes or homes for the aged are financed under the terms of FHA or under any other financing arrangements which result in facilities including restorative and rehabilitation facilities, meeting with the approval of the Division of Hospitals and Nursing Homes of the State Board of Health, they be exempt to the extent of 50% of any ad valorem tax that may be levied against such properties for so long as such nursing homes continue to maintain the standards set by these agencies, both as to quality of service and as to the charge that they set, but in no event should such abatement of taxes exceed a period of forty (40) years. This provision of tax abatement is intended to apply only to those nursing homes meeting an increasingly high standard of facilities and services, and should be on a sliding scale to encourage such improvement.
3. The Legislature should be requested to approve the appointment of a man with staff in the Florida Development Commission, who would be knowledgeable in all matters regarding housing and available as a resource person to anyone in the state and who would act as liaison with local housing authorities and with non-profit groups and with governmental bodies to coordinate and carry out housing programs and serve as a clearing house for information.
4. The Federal Housing Administration and other Federal, state, and local governmental agencies encouraging housing for the elderly should set minimum standards of design and construction based upon the living needs and safety of older people and that general housing, not specifically adapted, should not be approved for housing of the elderly simply on the basis of the allocation of a number of units for such purposes.
5. Housing codes and city and county planning increasingly should require that housing designed, financed, or advertised especially for the elderly should provide for their special safety and living needs.
6. Because of the importance of encouraging people to live in homes adapted to their present needs, legislation and administrative regulations should be adopted, designed to facilitate the more practical exchange of homes, both in the same and different areas, without the duplication of discounts and closing costs which presently discourages many elderly persons from attempting such exchanges.
7. The number of public housing units should be increased to house those elderly persons whose economic level and employability are such as to make it impossible for them to provide themselves with decent housing; but public housing should limit itself to providing housing for low income groups only.

8. The Federal government should be encouraged to continue the present Federal Housing Administration programs under Section 231, of insuring mortgages with liberal terms to non-profit motivated corporations, and should likewise be encouraged to continue the program set forth in the 1956 Housing Act, as amended, relating to mortgages insured under Section 203 (b) wherein special benefits and privileges are granted to purchasers of homes 62 years of age and over. Likewise, the program of the Federal National Mortgage Association to purchase mortgages in both of the above categories should be continued.
9. Research grants should be made available by the Housing and Home Finance Administration to local public housing authorities and/or Welfare Planning Councils or other responsible county and/or state agencies to study the overall problem and perhaps more important to study the reactions, both mental and physical, of residents when they are living in such accommodations, so that we may profit by any mistakes that are sure to be made, in order to be constantly in search of better methods and means of overcoming this problem. Such grants would be similar in nature to those given by the Urban Renewal Administration under Section 314.
10. Developers of "retirement villages" who undertake to attract numbers of elderly people into an area, in cooperation with the local government of the area, should assume responsibility for determining that the area into which such elderly persons are being attracted either has, or will be provided (by local government, the developer, or otherwise) with reasonable access to basic community services; and that these basic community services, for elderly persons, should include medical and hospital facilities, fire protection, police protection, adequate and dependable utilities, and shopping, cultural, and transportation facilities.

IV. Housing (continued)

A. Nursing Homes

SUMMARY OF FINDINGS

The following findings have been excerpted from the comprehensive report of the subcommittee on nursing homes and homes for the aged.

Information was available on 330 nursing homes in Florida with 8,508 available beds. Only 44 of these with a capacity of 811 will accept non-white patients.

83% of the nursing homes are privately owned. 11% are non-profit, including church-related homes; 6% are city or county institutions.

There are nursing homes in only 36 of Florida's 67 counties.

Although surveys indicate 77% occupancy of existing beds, based on density of population, only about 34% of Florida's acceptable bed needs have been met.

Accepting the expert opinion that it requires \$150 per month to provide reasonable care in an acceptable environment, more than one-half the patients in Florida nursing homes cannot be provided suitable care for economic reasons.

Very little is done on a planned formal basis for providing leisure time, educational or recreational activities to nursing homes or homes for the aged through a coordinated community program.

With the exception of non-profit homes, no formalized relationship exists between the nursing home and a social service agency.

A new approach is necessary to the entire problem of the senile patient and his management.

The effective use of hospital facilities for diagnostic, rehabilitative, and therapeutic services for nursing home patients cannot be provided without a coordinated effort of the County Medical Society, hospitals, welfare departments, community planning councils, and other related volunteer agencies.

Hospital insurance does not include care in a nursing home except in rare instances. Patients with insurance, therefore, find it cheaper to remain in a hospital, especially since many doctors will not visit patients in a nursing home.

"Limited service" hospitals, in association with general hospitals, can provide, at less cost, convalescent or long-continued rehabilitation care. They should be strategically located through the state.

IV. Housing (continued)

A. Nursing Homes

RECOMMENDATIONS

1. A realistic vendor payment system should be established by the State Department of Public Welfare for services to the categorically indigent patients in nursing homes based upon a standardized accounting system.
2. Placement in a nursing home should be based on the recommendation and after consultation with a team to include a doctor and/or psychiatrist and a trained social worker. Such a team should follow up periodically with recommendations for continued care, treatment, or discharge from the home.
3. A social history on each patient should be available in the nursing home with plans jointly arrived at with the operator for the best care and treatment of each individual patient.
4. Better medical records, including physical, medical history, and progress notes should be kept in the nursing home.
5. Services of specialists, such as nutritionists, recreational and occupational therapist, should be available for consultation, for coordinating services, and for training of operators and their staff as well as volunteers.
6. Casework services with families as well as the patient in the areas of emotional or relationship problems should be provided.
7. Physiotherapy programs with medical supervision should be developed to insure a rehabilitation approach.
8. Operators of proposed nursing homes should be investigated more thoroughly to establish moral and financial stability. The report should include an affidavit of ownership, notarized financial statement, a sworn statement denying previous conviction for a felony or drug or alcoholic addiction.
9. Minimum educational qualifications and experience for operators should be set since the operation of a modern and progressive nursing home requires more than a minimal education background.
10. The question of absentee ownership or management should be further studied in order to determine the trend in "chain store" operations and whether such nursing homes can provide the warm and friendly environment so essential to the nursing home patient.
11. Since a nursing home is basically a service organization and the nurse the key to all services to patients, the nursing services of a home should meet the standards defined by the National Commission on Chronic Illness.
12. A more intensive study of the nursing needs of the Negro people should be made in order to determine whether more nursing home beds are needed.
13. In order to provide the type of services needed in nursing homes for the recovery of the patient and to assist in his rehabilitation and reinstatement in the general community, governmental support (Federal, state, and local) of such facilities should be extended.

IV. Housing (continued)

B. Retirement Hotels

SUMMARY OF FINDINGS

Retirement Hotels are a new venture in living arrangements for older people, and Florida has more in number than any other state.

In Florida, retirement hotels operate under the regulations of the Hotel and Restaurant Commission.

Recent surveys of residents of retirement hotels indicate a high percentage had limited incomes; nearly half had no savings; and the average age was 74.

In the light of the social, medical, and economic characteristics of such a group, some protective measures are needed to insure the well-being of this age group, most of whom are newcomers to the state.

At present, retirement hotels have no formal responsibility for screening of guests as to their physical and mental health; have no fixed responsibility for providing adequate diets or for special diets; have no responsibility for providing means for constructive use of free time; have no responsibility for health supervision or care of residents; have no responsibility for providing a private room to insure personal comfort; and have no responsibility for overall welfare of guests.

IV. Housing (continued)

B. Retirement Hotels

RECOMMENDATIONS

1. Retirement hotels should be recognized as unique special facilities by being regulated by a state department, either the Department of Health or the Department of Public Welfare, because of the concern for, and experience in, matters pertaining to health and welfare which is inherent in these departments.
2. Regulations should include:
 - a. Provision for a uniform contract set up by the regulatory agency.
 - b. Provision for pre-admission medical examination and re-examinations.
 - c. Provisions to insure facilities which are structurally sound and safe with reference to special needs of the elderly.
 - d. Provision of a bond in order to conduct business and submission of an annual statement of basis of operations.
 - e. Provision of annual reporting of individual residents - admissions, departures, and deaths.
 - f. Provision for annual report of financial operations with request for annual renewal license.
 - g. Provision for a program which promotes physical and mental health, and which corrects the existing situation in Florida in retirement hotels.
 - h. Such regulations should apply to both commercial and non-profit retirement hotels.
3. If regulated as here recommended, retirement hotels have a real contribution to make to housing of the elderly.

V. Education

SUMMARY OF FINDINGS

Education plays a very important role because research needs to be done to get information about aging. This information needs to be passed on to professional workers and young and middle-age adults, as well as aged persons, all of whom need to know about the aging process and the problems of aging. And education of the aging must be carried on, in all branches of learning.

Education of the Aged

The Florida State Department of Education reports that in 1959 the General Adult Education program supported educational activities involving some 80,000 adults. The adult vocational offerings listed in the Department's bulletin involved some 130,000 adults, making a grand total of 210,000 adults who participated in public school adult education activities in the state during the year. One of the courses listed in the adult offerings is entitled "Education for Aging."

In 1957, the State Department of Education published the third edition of A Review of Physiological and Psychological Changes in Aging and Their Implications for Teachers of Adults, a document which brings together the results of many research studies to help teachers in adult education to be sensitive to the peculiar needs and characteristics of adults as learners.

Manatee Junior College had 224 enrolled in a course entitled "Healthful Living for Senior Citizens," and has plans for offering courses for senior citizens entitled, "Understanding our World (Science), and "Events of Our Day." Central Florida Junior College is planning a seminar for senior citizens. Palm Beach Junior College reports that older and retired people take advantage of the evening classes offered by the college. St. Petersburg Junior College has a large evening division and adult education offerings.

Florida Southern College reports attendance of senior citizens in their adult courses and the college particularly invites the Tourist Club of Lakeland to participate. Jacksonville University awards five senior citizen scholarships to persons with high school diplomas who are over 65 years of age. The University of Florida has taught painting and creative writing to senior citizens in three institutions.

The Home Demonstration Department of the Agricultural Extension Service had aging as a part of its educational program for 1958-59. There were programs in 26 counties which included all phases of family living: clothing, family and human relations, foods, health, home improvement, management, recreation, arts and crafts. A total of 54,540 people were reached with information on aging through other Extension sponsored media.

(For Education About Aging, see VI. Role and Training of Professional Personnel.)

V. Education

RECOMMENDATIONS

1. People concerned with problems of the aging should remember that education is for older people as well as for the young.
2. Every effort should be made at the community level to apprise citizens and leaders of the importance of educating the aged. This may be done through adult education programs, through the junior colleges serving as community colleges, through educational television, through public libraries, through home demonstration services, and through other agencies that may be available.
3. Institutions of higher education should give increased attention to the need for research on aging persons and needs of older people and make their findings available to the various institutions and agencies concerned. (See also under IX Research.)
4. Careful study should be given to the problem of the peculiar educational needs of older people at every level of development and increased study and exploration and support should be given to the planning and establishment of educational courses and programs for older people through the combined efforts of local and state agencies.
5. Existing opportunities for vocational training and re-training older adults should be expanded and encouraged in areas where they do not presently exist to prepare men and women for employment or re-employment, through a program geared to meet the employment needs of the community in which they live. (See also under I.D. Employment.)
6. Instruction in the social, economic, psychological, and biological aspects of aging should be included in the curricula of all schools and colleges beginning at the elementary level within the framework of appropriate subject matter to prepare younger people for growing old.

V. Education (continued)

Library Services

SUMMARY OF FINDINGS

Florida is the only southeastern state that gives no financial aid to local public libraries; it ranks 33rd among the states in per capita support of public libraries; while ranking 11th in population, it ranks 20th in total expenditures for libraries; one out of three residents has no public library services, and another one out of three has only limited services; the range of materials available to adults is quite limited; the existing libraries in Florida do not have adequate resources to stimulate the use of their materials as well as other services.

The Florida Library Association recently sent a questionnaire to the 22 libraries which spend about 87% of all public library moneys in Florida. The replies give a picture of public library service to the aging in Florida.

The library services most frequently requested by or for older persons are books in large print, talking books, books on mental and physical health, and recreational reading. Special services such as books delivered to individuals at home and in nursing homes, projected books and ceiling projectors, books for Gray Ladies hospital collections, were requested. Many libraries have books in large type and phonograph records. Not enough libraries have ceiling projectors, book magnifiers and books in Braille.

Professional and volunteer workers, and community groups concerned with meeting problems of older people frequently request bibliographies of books on aging and reference materials for information and guidance.

The public libraries are generally better prepared to provide books, magazines, newspapers, exhibits and displays for older people than they are to provide films, record collections, lectures, and forums. Discussion groups on Great Books or foreign policy are sponsored by many, but by no means all libraries. Relatively few libraries are prepared to provide programs in homes for the aged, hospitals, nursing and convalescent homes, or in day centers and in golden age clubs.

The survey showed that older people were particularly interested in having good bus service to the public library, street level entrances to the buildings, handrails, and bookmobile service.

V. Education (continued)

Library Services

RECOMMENDATIONS

1. The State of Florida should give financial aid to local public libraries.
2. Federal aid to libraries should be continued on a matching basis.
3. Publishers should provide more books in large print, with low level vocabularies but adult content.
4. There should be research to determine whether the library needs of Florida's older population differ from those of other states because many of them are new residents of the state, and also to determine whether library needs in planned communities, such as retirement villages, are being met.
5. Existing libraries and those to be developed, including those in planned communities, should provide special services for older people, such as talking books, discussion groups, hobby collections and displays.
6. The training of professional librarians should enable them to recognize and meet the needs of older people seeking library services. (See also under VI. Training of Professional Personnel.)

VI. Training of Professional Personnel

Education About Aging

SUMMARY OF FINDINGS

The University of Florida offers such courses as Sociology of the Aging, Psychology of the Aging, Nursing Aspects of Gerontology. Graduate programs are offered in Sociology and Psychology, in which the major concern of the student is in some aspect of gerontology. Courses are also offered in the fields of counselling, health, education, and vocational rehabilitation, which can serve as preparation for those who plan to work with the aging.

A Committee on Gerontology was organized at the University of Florida in 1950 representing the fields of sociology, psychology, nutrition, biology, housing, economics and agriculture. The purpose was to assemble the latest information, determine what further research was needed and stimulate that research. Later, an Institute of Gerontology was formed which has sponsored nine annual sessions of the Southern Conference on Gerontology, all of which have been reported in book form. The following is a list of the major topics of the nine conferences: 1951 - Problems of America's Aging Population; 1952 - Living in the Later Years; 1953 - Health in the Later Years; 1954 - Economic Problems of Retirement; 1955 - Aging and Retirement; 1956 - Aging: A Current Appraisal; 1957 - Services for the Aging; 1958 - Organized Religion and the Older Person; 1959 - Society and the Health of Older People.

The Florida State University School of Social Welfare has strengthened its courses both graduate and undergraduate with material on aging. A field-work training center for first and second-year graduate social work students is maintained at Douglas Gardens in Miami under a faculty field instructor and field-work placements dealing with older adults are maintained in four Southeastern states.

The School of Nursing at Florida State University has conducted two summer institutes for nursing home proprietors in cooperation with the State Departments of Health and Public Welfare, and the School of Nursing at Florida A & M has conducted a similar institute.

(See also IX. Research.)

VI. Training of Professional Personnel

RECOMMENDATIONS

1. Universities and colleges should increase their training facilities in all professional fields that work with aging such as medicine, teaching, social work, nursing, counselling, psychology, home economics, and recreation.
2. The training of professional librarians should enable them to recognize and meet the needs of older people seeking library services. (See also under V. Library Services.)
3. Training centers should be provided for administrators of nursing homes and approval for licensure as a nursing home operator should be contingent upon qualifying through such a training center. (See also under II.A. Health and Medical Care.)

VII. Free Time Activities

SUMMARY OF FINDINGS

The Retirement Department of the Florida Development Commission reports that many Florida communities have recreational facilities used extensively by local older residents and visitors. Under the direction of the State Recreation Department, additional Florida cities and towns are establishing facilities. Increasing emphasis is being placed on the use of facilities by older persons.

Those concerned with recreation for older people stress the broad diversity of interests that must be served to provide older people with the full opportunity to develop their interests and hobbies. Part of the educational process is to prepare people for retirement living by making them aware of the need for new interests and hobbies. It is desirable to have some activities in which people participate alone, such as painting, crafts, and fishing, but also to develop interests that require group participation, such as dramatics, dancing, and choral groups.

There are many opportunities for continued community service through civic and community organizations such as Red Cross, Boy and Girl Scout Councils, Community Chest, church groups and Golden Age Clubs. The selection of recreational activities for older adults depends upon their needs and interests. Care must be taken not to segment the older population from the rest of the community, but to continue to help them become an integral part of community activities and programs. Some of the values of recreation programs for older people are the following: (1) improvement of physical well-being and stimulation of mental development, (2) the development in the participants of a feeling of belonging, importance, and usefulness. The provision of opportunities for fellowship with others assures them of the interest and concern of others. Included among the activities specified as appropriate are the following: arts and crafts; folk, square, and social dancing; shuffleboard; picnics; holiday and special-occasion parties; field trips; camping; forums on health; educational activities; and service opportunities.

There are a number of organized recreational programs in the larger communities in Florida that give older people an opportunity to engage in a wide range of group and individual activities. The provision of activities for older people is something that requires increased emphasis in community activities and programs. A proper utilization and inclusion of older people in all areas of community activity is a continuing need in the state.

The Superintendent of Recreation of Tampa has thus described the major unmet recreational needs of older persons in Florida: "Perhaps the greatest unmet need in the area of recreation for older persons is the lack of interest and concern on the part of recreation departments, or other agencies charged with the responsibility of providing such programs. There are many groups in a community that could provide such services should there not be an organized recreation department in that particular community; churches, adult education departments, women's clubs, service programs, could all play a part in meeting the needs of this older age group, once they realize the needs of older people. Therefore, the number one problem would be to arouse the interest on the part of citizens as a whole, as to the necessity of providing such opportunities."

(See also Library Services under V. Education.)

VII. Free Time Activities

RECOMMENDATIONS

1. A state-wide study should be made of the extent of recreational facilities available to older people, including the kind and quality of facilities and programs, numbers of people participating in the activities, characteristics of those participating, amount of financial support, level of professional training of leaders, with special attention directed to the degree to which present facilities in the community are being utilized.
2. Older people should be given leadership responsibility in local recreational programs.
3. The Recreation Department of the State Development Commission should provide leadership in establishing a program of in-service training for recreation leaders throughout the state, utilizing the resources of the Adult Education Division of the State Department of Education.
4. The need for close inter-agency coordination and cooperation in provision of free-time activities on the local level should be recognized.
5. Study should be given to ways and means of providing for the recreational needs of older people in rural areas which lack community recreational facilities.

(See also Library Services under V. Education.)

VIII. Religion

SUMMARY OF FINDINGS

The role of the church in relation to older persons has been reviewed under three areas of responsibility: (1) to its own communicants; (2) as a force in the community directed at developing and operating services for the aged; (3) as a body to provide specialized services such as institutions. Information was gathered from certain major groups but is not complete.

The Florida Council of Churches, which represents 13 Protestant denominations with an affiliation of over 1,500 churches, has joined with the Florida Extension Division in sponsoring one-day institutes on the church and the senior citizen, a total of 25 having been held over the past four years. Under the same joint auspices, a series of mixed choruses for older persons has been sponsored. The Council also tries to stimulate its membership to an awareness of the needs of older persons.

The Methodist Church holds an Older Adult Conference each May with attendance as high as 175. The men's clubs and women's societies attempt to draw older members into active participation in church programs; home visits are made to shut-ins; attempts are made to give older persons positions of responsibility in their churches. Three homes for the aged are maintained in the state.

The Baptist Church in addition to pastoral counseling and regular pastor visits to nursing homes and hospitals has emphasized the responsibility of its individual churches for providing special services for older people. Some churches are sponsoring golden-age clubs. The Baptist Retirement Center, an agency of the Florida Baptist Convention, is making plans for five or more retirement centers in Florida, the first to be opened in 1961.

The Presbyterian Church does not have state-sponsored activities but a number of individual churches have day-long programs for their senior citizens.

The Episcopal Diocese of Florida has recently activated a Committee on Aging to provide local parishes with information about needs of older persons and program suggestions. The Diocese of South Florida has concentrated on the older persons who are new to the community and away from relatives and friends. Each diocese maintains a home for the aged and a parish in St. Petersburg has plans for a retirement home.

The Lutheran Church has concentrated on the development of nursing home facilities with comprehensive programs of services.

The Roman Catholic Diocese of Miami reports that religious services by the local parish are provided for older members who are home-bound or in institutions. Friendly visiting is supplied by lay volunteers of the National Council of Catholic Women affiliations and the St. Vincent de Paul Societies. The official agency for participation in community planning for social welfare is the Catholic Welfare Bureau. The Diocese has one home for the aged in operation, another that is soon to be opened, and a third in the planning stage.

The role of the Jewish synagogues and temples in the welfare of the aged has traditionally been transferred to lay groups, though individual synagogues provide pastoral visits and counselling. The Jewish communities sponsor three family service agencies, two homes for the aged, a vocational agency, and in several instances participate with other groups in sponsoring golden-age clubs.

VIII. Religion

RECOMMENDATIONS

The national organizations of all religious groups should give due consideration to the following areas of their responsibility for the older persons in our society:

1. Material should be assembled on the extent and nature of problems of the older person within the individual congregation or church family and the local parish or congregation should be stimulated to plan constructively for meeting these problems through:
 - a. Providing for adequate pastoral counseling to the older person through regular religious services in the church, in his own home, in nursing homes, and in hospitals.
 - b. Making a concerted effort to continue to include the older person in the activities of the church as long as his physical and mental capacities will permit by using him in church activities and organizations, vestries, missionary societies, etc.
 - c. Helping individual churches to become aware of the need to permit and encourage the older person himself to participate in these plans so he is made to feel a continuing part of the church activities, not a segregated segment of the church family for whom things must be done and upon whom plans must be imposed.
 - d. Emphasizing the responsibility of the individual church to reach out to the many older people who for a variety of reasons withdraw from the church during the later years and to help them to continue or renew the contacts with the church.
2. The responsibility of the church for participating in the community should be stressed along the following lines:
 - a. The church should be a force in community life. The church should participate as a positive force in the community in developing a recognition of the needs of older people and the programs and facilities needed to develop comprehensive services for older people. This should be accomplished not only through activities of the clergy, but through stimulation of the church membership to assume responsibilities as active, participating members in community social action.
 - b. It should be recognized that while there are many services of a social service nature which cannot be rendered by the church, the church should act as a referral and coordinating agency in helping the older person in need of services beyond those which can be provided by the church to know of and make use of established professional agencies within the community.
 - c. The church should make use of its facilities to draw in other persons who may not be members of its own congregation, making available to them such facilities as the church provides to its own older parishioners and thus make itself a service organ in the community.

3. The church should assume responsibility for developing and maintaining facilities to meet special needs of the elderly person, such as homes for the aged, nursing homes, and hospitals. Such church-sponsored facilities should be established and maintained at an acceptable level of service. It should be the special responsibility of national church organizations to offer consultation to local groups interested in establishing such facilities to insure that:
 - a. A sound determination is made of the need for the particular facility in a specific locality;
 - b. Planning for the facility takes into consideration the immediate as well as the long-range need;
 - c. The admission practices of such facilities are based on sound concepts so that acceptance of the individual in the home and his adjustment there is planned for;
 - d. The program of the institutions is comprehensive in nature and thus provides for meeting total needs of the resident or patient.

IX. Research in Gerontology

SUMMARY OF FINDINGS

In Florida, the major research effort has been carried on by the University of Florida. Many individuals on the University staff have carried out research studies, most of which have been reported in the volumes resulting from the Southern Conferences on Gerontology. Some of these research projects were sponsored by the Bureau of Economic and Business Research, some by the Agricultural Experiment Station, and others by various departments. One large research project was carried on in cooperation with the University of Chicago, and the University of Florida joined with 16 other universities in a research and educational project leading to the preparation of guides to teaching social gerontology at the college level. The University of Florida Medical School has some research projects underway and contemplates expansion of this program.

The University of Miami Medical School has been carrying on research on the aging process. A geriatric clinic is maintained for examining senior citizens for facts reaching beyond medical care into economic status, family, and mental adjustments.

The Retirement Division of the former State Improvement Commission carried on several research projects in cooperation with Florida State University and Florida A & M University. The present Retirement Department of the State Development Commission has made a study of retirement hotels.

Five members of the Florida State University faculty have published 19 research papers. The University of South Florida is cooperating with the Research Center of the V. A. Hospital at Bay Pines on "A Comparative Study of the Efficacy of Cytologic and Radiologic Screening in Early Detection of Lung Cancer."

Eight agencies in the state have made application for or have already received Demonstration and Research Grants from the Federal Office of Vocational Rehabilitation for projects related in whole or in part to older persons.

The State Board of Health has taken an active part in encouraging the development of programs of research. One grant has been obtained for the study of health problems of the aged and for the evolution of public health programs to meet these needs in Pinellas County. There has been a broad investigation of the health problems of inmates of nursing homes. There are limited studies of cardiovascular diseases and of rehabilitation following strokes. Case-finding programs for glaucoma, diabetes, and cancer are being conducted on a pilot basis.

There is no central clearing house in the state for exchange of information among researchers or to stimulate research undertakings.

It appears that little effort has been made to date to secure support from local foundations or from the state government for research enterprises.

IX. Research in Gerontology

RECOMMENDATIONS

1. All organizations and agencies in Florida whose programs are related to aging and aged should make provision for continuing and/or supporting research in areas in which answers to questions are needed.
2. The Florida Council on Aging, as the State Gerontological Society, should take leadership in stimulating the organization and establishment of a clearing house for exchange of information and communication among biological and social scientists.
3. The Florida Council on Aging should take leadership in surveying research needs in the state in an effort to delineate the kinds of programs indigenous to Florida and in which supporting research contributions can be made and see that priorities are established for further research studies.
4. Community foundations and the state government should provide funds to support research and demonstration projects that are significant to state and community and cannot gain support from national foundations and Federal fund-granting agencies.
5. The results of research studies should be made more readily available to the public.
6. Institutions of higher education should give increased attention to the need for research on aging persons and needs of older people and make their findings available to the various institutions and agencies concerned.

(See also under V. Education.)

X. Organization

A. Local Community Organization

SUMMARY OF FINDINGS

Every community, no matter how large or small, must decide for itself what it can and will do to meet the needs of its older citizens. Local community organization is, therefore, of fundamental importance.

Seven large communities maintain community welfare councils sometimes known as welfare planning councils, namely, Dade County, Tampa, Jacksonville, Escambia County, Broward County, St. Petersburg, and Orange County. The Miami (Dade) County Council has a Senior Citizens Division with a professional staff member assigned exclusively to the division.

Two other Councils have active committees in the field of aging and two have recently organized such committees. Another has recently made a survey of housing for older people in the community.

All of the councils express an awareness of the need for special action and programs in the field of aging and of the need to coordinate existing community activities in this field.

There are other local organizations serving the aged in one way or another but no state-wide survey has been made of them. Aside from the provision of professional services through county health departments and through state and county welfare departments, there are certain local activities that can be developed around volunteer services. Principal among these are: (1) activity centers for older people; (2) an information and referral agency for older persons; (3) a friendly visitor service; (4) homemaker services; (5) a committee to acquaint employers, workers and community leaders with the economic and social advantages of utilizing the talents and skills of older workers.

In a number of states, a state agency exists with funds and staff to encourage the establishment of such local services and to furnish materials and assistance to local communities in maintaining such activities. Florida provides neither adequate funds nor staff in this purpose.

X. Organization

A. Local Community Organization

RECOMMENDATIONS

1. Local agencies or groups working in the field of aging should disseminate information regarding the needs and services of the senior citizens.
2. No new organization should be established for working with the aged in areas having an existing organization that can perform the function.
3. Each local community should organize its own committee to promote a program to acquaint employers, workers, and community leaders with the economic and social advantages of fully utilizing the talents and skills of older workers. (See also under I.D. Employment Security and Retirement.)
4. The Special Assistant to the Governor in cooperation with the Citizens Advisory Committee and the Interdepartmental Committee should provide a service to encourage the establishment of activity centers for older persons and supply materials and assistance to the programs for volunteers in these centers.
5. In each community there should be a central information and referral agency to inform older persons where various services are available. Such a service should be either on a voluntary or paid basis.
6. Local communities should establish a Friendly Visitor Service which should basically be the responsibility of local voluntary agencies. Local communities should be helped by the state agencies to recognize the need for such a service and to establish such a program through the use of existing community resources.

X. Organization

B. State Organization

SUMMARY OF FINDINGS

The first organized effort at the state level to study the needs of older people was undertaken in 1949 when the Governor appointed a fifteen-member Citizens Committee on Retirement. This Committee held open meetings in several cities in the state, and its findings were considered in some depth. In 1951, the Florida State Improvement Commission established a Retirement Research Division which was terminated in June, 1953.

The Florida Development Commission, created by the Legislature in 1955, was empowered to deal with a variety of matters pertaining to the state's growth and development. One section authorized the Development Commission to "cooperate with municipalities, counties and areas of the state in problems incident to the presence of large numbers of aged persons, including research and the planning, adoption, and execution of programs for providing employment, entertainment, and activities for such persons." Accordingly, the Development Commission on December 1, 1955, activated a Retirement Department. This Department attempts to stimulate and coordinate local and state-wide programs that help older people help themselves; works with all state agencies concerned with health, housing, recreation, and education and seeks to inspire action of benefit to older people; disseminates information to individuals and groups in a position to help other people; carries on a heavy correspondence with persons outside the state seeking information about retiring in Florida.

Soon after its activation, the Manager of the Retirement Department asked the heads of various state agencies concerned with older people to assign a staff member to serve on an Interdepartmental Working Committee. The areas that have received the attention of the Interdepartmental Committee are: (1) community educational programs on problems of aging, (2) employment, (3) problems of immigration, (4) health, (5) housing, (6) adult education, and (7) recreation.

The Florida Council on Aging which is also the State Gerontological Society, founded in 1955, is the one state-wide voluntary agency in the field of aging. Its stated objectives are: (1) to promote the scientific study of the aging, (2) to afford a common meeting ground for those interested in aging, (3) to focus public interest on the potentialities and needs of the aged, (4) to take such action, including legislative recommendations to achieve its objectives, (5) to cooperate with existing groups and to stimulate the formation of new groups in the state with common objectives. The Council sponsored the Governor's Conference on Aging in 1958 and has worked with the Citizens Advisory Committee on the Aged in all of its activities.

The Citizens Advisory Committee on the Aged is a nine-member standing committee appointed by the Governor and created by the 1959 Florida Legislature "to inquire into, examine, and advise the Governor of the needs and problems of the aged." Governor LeRoy Collins added to its general duties the responsibility "to establish basic policies and plans for Florida's participation in the 1961 White House Conference on Aging," and designated the Florida Development Commission as liaison, repository, and secretariat to the Citizens Advisory Committee.

X. Organization

B. State Organization

RECOMMENDATIONS

1. The position of Special Assistant to the Governor on Aging should be established, independent of any existing state agency.
2. The statute providing for the present Citizens Advisory Committee on the Aged should be amended to provide for representation from both houses of the Legislature, for wider citizen representation, for the appropriation of necessary funds for the Committee's activities, and for the designation of the Governor's Special Assistant on Aging as executive officer of the Committee.
3. An Interdepartmental Committee on the Aged composed of the heads of appropriate state agencies should be established by the Legislature with provision for the appropriation of the necessary funds for the Committee's activities and for the designation of the Governor's Special Assistant on Aging as executive officer of the Committee.
4. The Citizens Advisory Committee on the Aged should work with the Florida Council on Aging and other appropriate organizations to draft bills to put the above proposals into effect to be presented to the next session of the Legislature.
5. The Citizens Advisory Committee on the Aged working with the Florida Council on Aging and other groups should be free to adapt the foregoing recommendations to any conditions that may arise as a result of Federal Legislation making financial aid available to states for programs for the aged,

X. Organization (continued)

C. National Voluntary Services and Service Organizations

No recommendations but see VIII Religion

X. Organization

D. Federal Organizations and Programs

SUMMARY OF FINDINGS

Since 1912, the United States Children's Bureau has stimulated states and localities to provide better programs and services for children. In addition, this Bureau has carried on extensive research activities in all areas of child life: health, education, and welfare.

No similar focus of attention to the broad needs of the aged exists in the Federal structure. Numerous Federal agencies are responsible for particular programs affecting older persons. Attempts have been made to coordinate their efforts but the states have not felt any considerable impact of this effort.

There is need for Federal leadership and stimulation in developing programs for older persons which do not fall within the realm of existing Federal or State agencies at the present time. A Federal Office on Aging would serve to coordinate the efforts of existing Federal agencies; to carry on research in aspects of aging not covered by existing agencies; to give advice to states on programs for the aging; and to administer any funds made available by Congress as grants-in-aid to states for programs in aging.

X. Organization

D. Federal Organizations and Programs

RECOMMENDATION

The Congress should establish a Federal Office on Aging under an Assistant Secretary in the Department of Health, Education, and Welfare, with an inter-departmental committee to coordinate the efforts and activities of various Federal Agencies and with proper staff to assist state and local governments in developing programs for older citizens and to administer whatever grants may be authorized by Congress for this purpose.

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